BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052 www.boonecounty.in.gov

ENVIRONMENTAL DIVISION SUITE B201 (765) 483-4458 (765) 483-5243 Fax



Nursing & Vital Records Division Suite B202 (765) 482-3942 (765) 483-4450 Fax

Date____

HEALIN DEF	ARTMENT			
APPLICATION FOR PRIVATE WATER WELL	REPAIR	Permit #		
Job Description (√one)			<u>Fees</u>	
Repair to an existing well Replacement of an existing well New Well (purposes other than new home) Other (irrigation, pond, etc.)			pump well well/pum	\$30 \$30
Property Owner's Name				
Mailing Address				
City/State/Zip		Phone		
Property Location (If Different from above addres	ss)			
1.11 / N. O. D. 1				
Address/or Nearest Cross Roads				
Subdivision	and circle t	_Lot # he township	o, civil township	and range:
Subdivision Please fill in the section number a Center Clinton Eagle Harrison Jackson Jefferson Ma Section Township 17N 18N	and circle t arion Perry 19N 20N	_Lot # the township Sugar Cree	o, civil township ek Union Was Range 1W 2'	and range: Shington Wo
Address/or Nearest Cross Roads Subdivision Legal Description Please fill in the section number at Center Clinton Eagle Harrison Jackson Jefferson Materian Section Township 17N 18N PARCEL # (Your Tax ID #) *Can contact the Auditor's office to get the parcel # Well Location have the following required separation Septic System — greater than 50'? Property Line — greater than 10'? Building or overhang — greater than 5'? Underground storage tanks —as far away as possible? Will the old well be properly abandoned? Will the old well be properly abandoned?	and circle to arion Perry 19N 20N 4 - 765-482 on distances	Lot #he township Sugar Cree 1 -2940	o, civil township ek Union Was Range 1W 2'	and range: Shington Wo
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requirements of Ordinance #94-12 of the Boone County Health Department.

Signed _____